Date Complete:	April 10, 2019	
Project:	Electronic Visit Verifica	ation (EVV)
Objective:	To determine what ser	vices would fall under the requirements for EVV the project team
		of Medicaid services within the Bureau of Long Term Care, the Bureau
	of Developmental Disa	ibilities and Bureau of Medical Care.
		Methods
Process	Analyzed 88 services b	y using six (6) criteria as interpreted in section 1903(I) of the social
	·	nine which Medicaid service providers in Idaho must implement EVV.
Criteria		r Program – Service Type
		re Services (PCS) and Home Health Services (HHS) Providers
	2. Social Security Auth	ority
		under authority of 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and
	1115	
		authority of 1905(a)(7)
	3. Service Location	
		quiring an in-home visit for service or set-up
	4. Residential Setting	
	•	elivered in a congregate residential setting where 24-hour service is
		ypically a per diem rate)
	5. Ancillary Services	
		pporting Activities of Daily Living (ADLs) or Instrumental Activities of
	Daily Living	(IADLS)
	6. Billing Component	and ADI and AIADI and an area of a few about a second
		ng ADLs and IADLs as required components for reimbursement
	nnsulider	authority 1905(a)(7) are exempt from this requirement Recommendations
In Scope	Bureau of	No services in scope
пт эсоре	Developmental	No services in scope
	Disability Services	
	Bureau of Long Term	Attendant Care
	Care	Homemaker
		Personal Care Services (T1019)
		Respite
	Bureau of Medical	Home Health - Nursing Services
	Care	Home Health - Physical Therapy
		Home Health - Occupational Therapy
		Home Health – Speech-language Pathology
		Home Health – Aide Services
		Home Health – Audiology Services
		Additional Information
Appendix A – Serv	ice Analysis Matrix	

Service	Program	Provider Type	IDAPA	Program Authority	Criteria #1 Requires an in-home visit for service or set-up	Criteria #2 Not a congregate residential setting where 24- hour service is available	Criteria #3 Primarily supports Activities of Daily Living (ADL)	Criteria #4 offers support for Instrumental Activities of Daily Living (IADL)	Criteria #5 Are criteria 3 & 4 required components of the reimbursement	Determined Required	Notes
Adult Day Health	A&D	Adult Day Health Facility	16.03.10.326.01	1915c	No	Yes	Yes	No	No	No	Service definition includes health services & assistance with ADLs; does not require in-home visit
Adult Day Health	A&D	Certified Family Home (CFH)	16.03.10.326.01	1915c	No	No	Yes	No	No	No	Service definition includes health services & assistance with ADLs; does not require in-home visit
Adult Day Health	A&D	Residential Assisted Living Facility (RALF)	16.03.10.326.01	1915c	No	No	Yes	No	No	No	Service definition includes health services & assistance with ADLs; does not require in-home visit
Adult Residential Care	A&D	CFH	16.03.10.326.02	1915c	No	No	Yes	Yes	Yes	No	Transportation falls under Adult Residential Care services
Adult Residential Care	A&D	RALF	16.03.10.326.02	1915c	No	No	Yes	Yes	Yes	No	Transportation falls under Adult Residential Care services
Attendant Care	A&D	Personal Assistance Agency (PAA)	16.03.10.326.05	1915c	Yes	Yes	Yes	No	Yes	Yes	

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Chore Service	A&D	PAA	16.03.10.326.06	1915c	Yes	Yes	No	No	No	No	Does not support ADLs
Companion Services	A&D	PAA	16.03.10.326.07	1915c	Yes	Yes	No	No	No	No	Primary responsibility is companionship and supervision
Consultation	A&D	PAA	16.03.10.326.08	1915c	Yes	Yes	No	No	No	No	
Consultation	A&D	PAA	16.03.10.326.08	1915c	No	Yes	No	No	No	No	
Day Habilitation	A&D	Habilitation Agency	16.03.10.326.15b	1915c	No	Yes	No	No	No	No	
Environmental Accessibility Adaptations (EAA)	A&D	Contractor - Home Modifications	16.03.10.326.11	1915c	Yes	Yes	No	No	No	No	Presumed CFH & RALFS make these accommodations
Home Delivered Meals	A&D	Home Delivered Meals	16.03.10.326.09	1915c	Yes	Yes	No	No	No	No	
Homemaker	A&D	PAA	16.03.10.326.10	1915c	Yes	Yes	No	Yes	Yes	Yes	

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Non-Medical Transportation	A&D	Commercial Transportation	16.03.10.326.04	1915c	Yes	Yes	No	No	No	No	
Non-Medical Transportation	A&D	Agency Transportation	16.03.10.326.04	1915c	Yes	Yes	No	No	No	No	
Personal Care Services (T1019)	A&D	PAA	16.03.10.303.	1905(a)(24)	Yes	Yes	Yes	Yes	Yes	Yes	
Personal Care Services (T1019)	A&D	CFH	16.03.10.303.	1905(a)(24)		No	Yes	Yes	Yes	No	
Personal Care Services (T1019)	A&D	RALF	16.03.10.303.	1905(a)(24)	No	No	Yes	Yes	Yes	No	

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Personal Care Services (T1019)	A&D	PCS Family Alternate Care Home (FACH)	16.03.10.303.	1905(a)(24)	No	No	Yes	Yes	Yes	No	
Personal Emergency Response System	A&D	Supplier (Emergency Response System Company or Assistive Technology Supplier)	16.03.10.326.12	1915c	Yes	Yes	No	No	No	No	
Private Duty Nursing (PDN)	A&D	Agency - PDN	16.03.10.204.	1905(a)(8)	Yes	Yes	No	No	No	No	ABP excludes: NF, ICF/ID, residential care facility, hospital, schools
Residential Habilitation	A&D	Residential Habilitation Agency	16.03.10.326.15.a.vii	1915c	No	No	Yes	Yes	Yes	No	

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Residential Habilitation	A&D	CFH	16.03.10.326.15.a	1915c	No	No	Yes	Yes	No	No	16.03.10.326.15.a lists CFH
Respite	A&D	PAA	16.03.10.326.13	1915c	Yes	Yes	Yes	Yes	Yes	Yes	
Respite	A&D	CFH, RALF	16.03.10.326.13	1915c	No	No	Yes	Yes	Yes	No	
Respite	A&D	DDA, ADH	16.03.10.326.13	1915c	No	Yes	Yes	Yes	Yes	No	
Skilled Nursing	A&D	PAA	16.03.10.326.14	1915c	Yes	Yes	No	No	No	No	

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Specialized Medical Equipment and Supplies	A&D	Assistive Technology Supplier	16.03.10.326.03	1915c	Yes	Yes	No	No	No	No	
Supported Employment	A&D	Agency - Supported Employment Agency	16.03.10.326.16	1915c	No	Yes	No	No	No	No	
Transition Services	A&D	Nursing Service Agency, PAA, PCS Case Mgmt Agency, Social Work Services	16.03.10.326.17	1915c	Yes	Yes	No	No	No	No	*TS can't be used until someone discharges from the facility; however, the service isn't necessarily provided within the home
Adult Day Health	Adult DD	Ambulatory HC Facility / Adult Day Care Adult Residential Care / CFH Agency Professional **DDA **ResHab Agency	16.03.10.703.12 16.03.10.705.13	1915(c)	No	Yes	Yes	No	No	No	Not provided in the home, therefore not subject to EVV

Service	Program	Provider Type	IDAPA	Program Authority	Criteria #1 Requires an in-home visit for service or set-up	Criteria #2 Not a congregate residential setting where 24- hour service is available	Criteria #3 Primarily supports Activities of Daily Living (ADL)	Criteria #4 offers support for Instrumental Activities of Daily Living (IADL)	Criteria #5 Are criteria 3 & 4 required components of the reimbursement	Determined Required	Notes
Adult Developmental Therapy - Center Based - Individual and Group	Adult DD	Agency Professional / Developmental Disability Agency (DDA)	16.03.10.649-657	1915(i)	Yes	Yes	Yes	No	No	No	Not provided in the home, therefore not subject to EVV
Adult Developmental Therapy - Home and Community Based - Individual and Group	Adult DD	Agency Professional / Developmental Disability Agency (DDA)	16.03.10.649-657	1915(i)	No	Yes	Yes	No	No	No	Does not require an in- home visit
Behavioral Consultation/Crisis Management (Emergency Intervention Technician)	Adult DD	Agency Professional / Behavior Consultant	16.03.10.703.11 16.03.10.705.12	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Behavioral Consultation/Crisis Management (Psychiatrist)	Adult DD	Agency Professional / Behavior Consultant	16.03.10.703.11 16.03.10.705.12	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Behavioral Consultation/Crisis Management (QIDP / Clinician)	Adult DD	Agency Professional	16.03.10.703.11 16.03.10.705.12	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements

Service	Program	Provider Type	IDAPA	Program Authority	Criteria #1 Requires an in-home visit for service or set-up	Criteria #2 Not a congregate residential setting where 24- hour service is available	Criteria #3 Primarily supports Activities of Daily Living (ADL)	Criteria #4 offers support for Instrumental Activities of Daily Living (IADL)	Criteria #5 Are criteria 3 & 4 required components of the reimbursement	Determined Required	Notes
Chore Services	Adult DD	Agency Professional / Chore Services	16.03.10.703.02 16.03.10.705.03	1915(c)	Yes	Yes	No	Yes	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this service only assists with IADL's
Community Crisis Supports	Adult DD	Agency Professional / **Behavioral Consultant; **Supported Employment Agency; **ResHab Agency. Adult Residential Care / CFH	16.03.10.646-648	1915(i)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Developmental Therapy Evaluation	Adult DD	Agency Professional / Developmental Disability Agency (DDA)	16.03.10.649-657	1915(i)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Environmental Accessibility Adaptations	Adult DD	Suppliers / Home Modifications Contractor	16.03.10.703.06 16.03.10.705.07	1915(c)	Yes	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements

Service	Program	Provider Type	IDAPA	Program Authority	Criteria #1 Requires an in-home visit for service or set-up	Criteria #2 Not a congregate residential setting where 24- hour service is available	Criteria #3 Primarily supports Activities of Daily Living (ADL)	Criteria #4 offers support for Instrumental Activities of Daily Living (IADL)	Criteria #5 Are criteria 3 & 4 required components of the reimbursement	Determined Required	Notes
Home Delivered Meals	Adult DD	Suppliers / Home Delivered Meals	16.03.10.703.09 16.03.10.705.10	1915(c)	Yes	Yes	No	Yes	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this service only assists with IADL's
Non-Medical Transportation	Adult DD	Non-Emergent Transportation Providers / **Agency Transportation **Individual Transportation Providers **Commercial Provider	16.03.10.703.05 16.03.10.705.06	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Personal Emergency Response System (PERS) Monthly Rent	Adult DD	Suppliers / Emergency Response System Companies	16.03.10.703.08 16.03.10.705.09	1915(c)	No	Yes	No	No	No	No	Not provided in the home, therefore not subject to EVV
Personal Emergency Response System (PERS) Installation and First Month's Rent	Adult DD	Suppliers / Emergency Response System Companies	16.03.10.703.08 16.03.10.705.09	1915(c)	No	Yes	No	No	No	No	SUBJECT TO EVV *For Installation service only

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Residential Habilitation Certified Family Home	Adult DD	Adult Residential Care / CFH	16.03.10.514 16.03.10.703.01 16.03.10.705.02	1915(c)	Yes	No	Yes	No	No	No	Provided in congregated setting, therefore not subject to EVV
Residential Habilitation Supported Living - High	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	IDAPA 16.03.10.514.02.a-b Require 24-hour supports and supervision
Residential Habilitation Supported Living - High - School- Based	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	IDAPA 16.03.10.514.02.a-b Require 24-hour supports and supervision
Residential Habilitation Supported Living - Hourly Group	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	16.03.10.514.02.c Needs can be met with less than 24 hours per day support
Residential Habilitation Supported Living - Hourly Individual	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	16.03.10.514.02.c Needs can be met with less than 24 hours per day support

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Residential Habilitation Supported Living - Intense	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	IDAPA 16.03.10.514.02.a-b Require 24-hour supports and supervision
Residential Habilitation Supported Living - Intense - School- Based	Adult DD	Agency Professional / ResHab Agency	16.03.10.514 16.03.10.703.01 16.03.10.705.01	1915(c)	Yes	No	Yes	No	No	No	IDAPA 16.03.10.514.02.a-b Require 24-hour supports and supervision
Respite Care (Daily)	Adult DD	Agency Professional / Respite Care	16.03.10.703.03 16.03.10.705.04	1915(c)	No	No	Yes	No	No	No	Does not require an in- home visit
Respite Care (Hourly)	Adult DD	Agency Professional / Respite Care	16.03.10.703.03 16.03.10.705.04	1915(c)	No	Yes	Yes	No	No	No	Does not require an in- home visit
Self-Direction - Community Support Services	Adult DD	Contracted with Participant / Not Medicaid Provider	16.03.10.703.13 16.03.13	1915(c)	No	Yes	Yes	Yes	No	No	other states may include self-direction because their services are billed differently ie they have multiple billing codes under self-direction for the different services performed - does not require an in-home visit

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Self-Direction - Financial Management Services	Adult DD	Agency Professional / Supports Brokerage - FEA	16.03.13	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Self-Direction - Support Broker Services	Adult DD	Agency Professional / Supports Brokerage - FEA	16.03.13	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Skilled Nursing - Agency LPN	Adult DD	Agency Professional / Nursing Agency	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional
Skilled Nursing - Agency RN	Adult DD	Agency Professional / Nursing Agency	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional

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Skilled Nursing - Independent RN	Adult DD	Nursing Service Providers / RN Independent	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional
Skilled Nursing Oversight - Agency LPN	Adult DD	Agency Professional / Nursing Agency	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional
Skilled Nursing Oversight - Agency RN	Adult DD	Agency Professional / Nursing Agency	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional

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Skilled Nursing Oversight - Independent RN	Adult DD	Nursing Service Providers / RN Independent	16.03.10.703.10 16.03.10.705.11	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements. Specifically, this is a skilled service that may be performed only by a health professional
Specialized Medical Equipment and Supplies	Adult DD	Suppliers / DME Suppliers (multiple specialties)	16.03.10.703.07 16.03.10.705.08	1915(c)	No	Yes	No	No	No	No	Does not require an in- home visit
Supported Employment	Adult DD	Agency Professional / Supported Employment Agency	16.03.10.703.04 16.03.10.705.05	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Targeted Service Coordination (Adult DD Professional)	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.720-736		No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Targeted Service Coordination (Adult DD Paraprofessional)	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.720-736		No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements

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Targeted Service Coordination - Adult DD Plan Development	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.720-736		No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Targeted Service Coordination - Crisis Assistance (Adult DD Paraprofessional)	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.720-736		No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Targeted Service Coordination - Crisis Assistance (Adult DD Professional)	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.720-736		No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Transition Services	Adult DD	Agency Professional / DD Case Management (TSC)	16.03.10.703.14 16.03.10.705.15	1915(c)	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements

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Community Support Services - Family Directed	Children DD	Family Chosen	16.03.10	1915i	No	Yes	Yes	Yes	No	No	other states may include self-direction because their services are billed differently ie they have multiple billing codes under self-direction for the different services performed - does not require an in-home visit
Fiscal Employer Agent (FEA) - Family Directed	Children DD	Family Chosen	16.03.10 16.03.13	1915i	No	Yes	No	No	No	No	Not PCS or HHCS, therefore not subject to EVV requirements
Habilitative supports	Children DD	Home/DDA	16.03.10.	1915i	No	Yes	Yes	Yes	No	No	SSA 1903 (4)7 Does not require inhome visit: should be in community
Respite	Children DD	Home/DDA	16.03.10 16.03.13	1915i	No	Yes	Yes	Yes	No	No	

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Medical equipment & supplies	DME	Supplier	16.03.09.751	Basic Benchmark 1905 (a)(12), 2110 (a) (12) & (13)	No	Yes	Yes			No	
Prosthetic devices	DME	Supplier	16.03.09.751		No	Yes	Yes			No	
Transition Management	Enhanced State Plan	Nursing Service Agency, PAA, PCS Case Mgmt Agency, Social Work Services	16.03.10.350	1905(a)(19)	No	Yes	No	No	No	No	*TM could be provided once someone is in their own home
Non-crisis respite	YES	Mental Health	IDAPA 16.03.10.635 -38	1915i	No	Yes	No			No	
Person-Centered Planning	YES	Mental Health	IDAPA 16.03.10. 635 -38	1915i	No	Yes	No			No	

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					lome Health						
Aide services	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	Yes	Yes	No	Yes	Falls under the 1905(a)(7) authority required to implement EVV
Audiology services	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	No	Yes	No	Yes	Falls under the 1905(a)(7) authority required to implement EVV
Medical supplies & equipment	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	No	Yes	No	No	No	No	
Nursing services	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	Yes		No	Yes	Falls under the 1905(a)(7) authority required to implement EVV

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Occupational Therapy	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	Yes	Yes		Yes	Falls under the 1905(a)(7) authority required to implement EVV
Physical Therapy	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	Yes	Yes		Yes	Falls under the 1905(a)(7) authority required to implement EVV
Speech -language pathology	Home Health	Agency Institutional	16.03.09.720.02	1905(a)(7)	Yes	Yes	Yes	Yes		Yes	Falls under the 1905(a)(7) authority required to implement EVV